

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No.

163

Registered No.

262

County Graham State ARIZONA

Township _____ or Village _____

City Safford No. _____ St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Lo Per Malay { If child is not yet named, make supplemental report, as directed3. Sex Female 4. Twin, triplets, or other 1 5. Number, in order of birth 1 6. Premature 1 7. Is mother married? ye 8. Date of birth 8-16-1936 (Month, day, year)9. Full name Laurence Lorenzo Malay FATHER 18. Full maiden name Orlena Mary Frazier MOTHER10. Residence (usual place of abode) Safford Ariz (If non-resident, give place and State) 19. Residence (usual place of abode) Safford (If non-resident, give place and State)11. Color or race white 12. Age at last birthday 26 (Years) 20. Color or race white 21. Age at last birthday 23 (Years)13. Birthplace (city or place) Pima Ariz (State or Country) 22. Birthplace (city or place) Pima Ariz (State or Country)14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto wheeler 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Shoe 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home16. Date (month and year) last engaged in this work 8-16-1936 17. Total time (years) spent in this work 2 yrs 25. Date (month and year) last engaged in this work 8-16-1936 26. Total time (years) spent in this work 57. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

8. If stillborn, period of gestation _____ months or weeks 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3:10 A.M. on the date above stated (Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Corrado Veninger, M. D.

or _____, Midwife

Address Safford ArizFiled Oct 10, 1936 Registrar By C. H. Lopez

Even name added from supplemental report

348-916-689